

DEPARTMENT OF PUBLIC HEALTH
DEPARTMENT OF FIRE SERVICES
APPLICATION FORM

A COURSE INFORMATION

COURSE TITLE: Incident Command System for Health Care Providers

COURSE #:

LOCATION: _____ START DATE: _____

B STUDENT INFORMATION: APPLICATION CAN NOT BE PROCESSED UNLESS ALL INFORMATION IN SECTION B IS COMPLETE

NAME: _____
LAST FIRST MIDDLE INITIAL TITLE/DEPT.

ID# (SOCIAL SECURITY NUMBER): _____

FACILITY MAILING ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE: _____ EMAIL: _____

HEATH CARE FACILITY: _____ WORK PHONE#: _____

EMT # STATE: _____

ARE YOU SEEKING CONTINUING EDUCATION CREDITS FOR NURSING? YES ☐ NO ☐

- ◆ NO CONFIRMATION WILL BE SENT UNLESS COURSE IS OVER-ENROLLED OR CANCELLED
- ◆ PREREGISTRATION IS REQUIRED FOR THIS COURSE

SIGNATURE OF APPLICANT: _____ DATE: _____

C REGISTRATION INFORMATION
IF YOU ARE NOT ABLE TO ATTEND, PLEASE NOTIFY THE REGISTRAR

MAIL APPLICATION TO: REGISTRAR DPH/DFS COURSE
MASSACHUSETTS FIREFIGHTING ACADEMY
P.O. BOX 1025
STOW, MA 01775

FAX APPLICATION TO: (978) 567-3229

IF YOU HAVE ANY QUESTIONS CONTACT:
MARY TASCHNER
PHONE #: (978) 567-3210
EMAIL: MARY.TASCHNER@DFS.STATE.MA.US